

DEC 13 2004

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Number of pages with cover page:	6	
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## Comments:

Attorney Docket No.: 373722002600 Group Art Unit: 1753 Examiner: J. Barton Application No. 10/087,264 Filed: February 28, 2002 Inventor(s): Giacomo VACCA et al. Title: MICROFLUIDIC CONTROL USING DIELECTRIC PUMPING Papers Attached: <ol style="list-style-type: none"> <li>1. Transmittal Form (1 page)</li> <li>2. Replacement Claim Set (4 pages)</li> </ol>
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PTO/SB/21 (00-04)

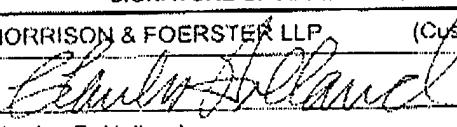
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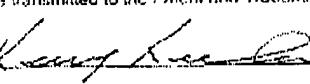
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/087,264
		Filing Date	February 28, 2002
		First Named Inventor	Giacomo VACCA
		Art Unit	1753
		Examiner Name	J. Barton
Total Number of Pages in This Submission	5	Attorney Docket Number	373722002600

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <b>Replacement Claim Set (4 pages)</b> Facsimile Cover Sheet
Remarks		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
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